



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
 JUN 07 2018
 BY 22904

Annual Report for the year: 2018
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000030893		2. Exact name of the Corporation SS. JOHN AND PAUL PARISH CORPORATION, COVENTRY			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH			
4. NAICS Code 813110					
6. Principal Office Address 341 SO MAIN ST.		City COVENTRY	State RI	Zip 02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MOST REVEREND THOMAS TOBIN		Vice-President Name MOST REV. ROBERT C. EVANS			
Street Address 1 CATHEDRAL SQUARE		Street Address 1 CATHEDRAL SQUARE			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name RALPH LAWRENCE		Treasurer Name VERY REV. PAUL R. GREENON			
Street Address 90 WOOD COVE RD		Street Address 341 SO. MAIN ST.			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name REV. PAUL R. GREENON		Director Name RALPH LAWRENCE			
Street Address 341 SO. MAIN ST.		Street Address 90 WOOD COVE RD			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name JAMES McARDLE		Director Name			
Street Address 3438 PLAT RIVER RD		Street Address			
City COVENTRY	State RI	Zip 02816	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative REV. PAUL R. GREENON				Date 5/11/18	
Signature of Officer/Authorized Representative <i>Paul R. Greenon</i>				SIGN DOCUMENT HERE	